

STATE OF MONTANA

FOR BOARD USE ONLY



DEPARTMENT OF LABOR AND INDUSTRY

BOARD OF PERSONNEL APPEALS

DATE FILED: _____

UNFAIR LABOR PRACTICE CHARGE

CASE NO: _____

INSTRUCTIONS: SUBMIT ORIGINAL AND THREE COPIES OF THIS CHARGE TO: THE BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA MT, 59620-1503. IF MORE SPACES ARE REQUIRED FOR ANY ITEM, ATTACH ADDITIONAL SHEETS AND NUMBER ITEMS ACCORDINGLY. (**PRINT OR TYPE IN BLACK**)

1. NAME OF CHARGING PARTY: (Complainant):**TELEPHONE:****EMAIL ADDRESS:****2. AFFILIATION OF ANY:****3. ADDRESS OF COMPLAINANT:** (Number, Street, City and Zip Code)**4. NAME OF PARTY AGAINST WHOM THE CHARGE IS MADE:** (Defendant) **TELEPHONE:**
EMAIL ADDRESS:**5. AFFILIATION:** (If any)**6. ADDRESS OF DEFENDANT:** (Number, Street, City and Zip Code)**7. DETAILS OF CHARGE:** (A clear and concise statement of facts constituting the alleged violations should be made, including the time and place of occurrence of particular acts, **AND A SPECIFIC STATEMENT OF THE PORTION OR PORTIONS OF THE LAW OR RULES ALLEGED TO HAVE BEEN VIOLATED.**) Attach additional sheets if necessary.**8. If the charge alleges a violation of Section 39-31-401 (5) MCA, or Section 39-31-402(2) MCA, has the charging party requested the **Board of Personnel Appeals** to provide mediation assistance, pursuant to ARM 24.26.695 of the BOARD'S rules? Yes_____ No_____**

STATE OF MONTANA

County of _____

_____, BEING DULY SWORN DEPOSES AND SAYS, that he/she is the charging party above named, or its representative, that he/she has read the above charge (including attached page/s) and is familiar with the contents thereof, and the same are true to the best of his/her knowledge.

(Notorial Seal)

SIGNATURE OF COMPLAINANT_____
TITLESUBSCRIBED AND SWORN TO BEFORE ME
THIS ____ DAY OF _____, 20____NOTARY PUBLIC FOR THE STATE OF MONTANA.
RESIDING IN _____, MONTANA
My commission expires _____, 20____